

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 01-NOV-2014		TIME 20:22:00		2. ADDRESS OF OCCURRENCE 5839 S MORGAN ST CHICAGO, IL 60621		3. LOCATION CODE 289		4. BEAT/OCCUR 0712			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME MASETH	7. FIRST NAME ADAM J	8. STAR NO. 9439	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 508	13. WT. 150		
	14. DATE OF APPT. 17-OCT-2011		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 007 0762C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME GARRETT		21. FIRST NAME KURTIS		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 200	
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No FIREARM - REVOLVER		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED 720 ILCS 5.0/24-1.6-A-2, 720 ILCS 5.0/12-2-B-4						37. CB NO. 19005567		IR NO. [REDACTED]			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE								
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
OTHER <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>				OTHER <input type="checkbox"/>		OTHER .38 CAL BLACK REVOLVER	
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>							
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>							
39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION .38 CAL BLACK REVOLVER								
POSITION			STAR NO.			UNIT					
41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS		
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			<input type="checkbox"/> 01 Day/Light <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		
45. MAKE/MANUFACTURER			46. MODEL			47. BARREL LENGTH			48. CALIBER/GAUGE		
49. TASER DART ID NO.			50. WEAPON SERIAL No. (Include Letters)			51. CHICAGO GUN REG. NO.			52. IL FIREARM OWNER ID. NO.		
53. HANDGUN CERTIFICATE NO.			54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.			56. TYPE OF AMMUNITION USED		
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER			58. TOTAL NO. OF SHOTS MEMBER FIRED			59. WHO FIRED FIRST SHOT			60. WAS FIREARM RELOADED DURING INCIDENT		
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED			62. HOW WAS MEMBER'S HANDGUN WORN		
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			64. DID MEMBER USE SIGHTS			65. DID MEMBER USE SIGHTS		
<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		
<input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			69. POSITION OF MEMBER DISCHARGING WEAPON			70. EVENT NO. 1430515345			71. RD. NO. HX491411		
<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			72. CASE INFO.			73. REPORTING MEMBER (Print Name)			74. REVIEWING SUPERVISOR (Print Name)		
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC			NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.			Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. SIGNATURES		
73. REPORTING MEMBER (Print Name) MASETH, ADAM J			STAR/EMPLOYEE NO. 9439			SIGNATURE [REDACTED]			76. DATE REVIEWED 02-NOV-2014 03:10:07		
74. REVIEWING SUPERVISOR (Print Name) O TOOLE, DANIEL J			STAR NO. 1522			SIGNATURE [REDACTED]			TIME 02-NOV-2014 03:10:07		

CPD-11 377 (REV. 10/07)

Log #1072342/0#14-39
ATP#16

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Adam Maseth #9439 acted in compliance with Department policy. Officer Maseth was in fear for his life after Offender GARRETT, Kurtis #1280065 reached for a weapon, thus placing Officer Maseth and his partner Officer Anthony Cutrone #9258, in fear of their lives. Log Number 1072342 was issued for this incident. U#14-039.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072342 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

02-NOV-2014 03:56:16

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

2

LOG # 1072342
Attachment # 16